

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5211

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000000	2 Total pages this report: 1/49																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;">FIRST</td> <td style="width: 30%;">MI</td> </tr> <tr> <td></td> <td>Gerald</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Daugherty</td> <td></td> </tr> </table>		TITLE	FIRST	MI		Gerald		NICKNAME	LAST	SUFFIX		Daugherty		OFFICE USE ONLY Date Received 02 OCT - 2 PM 2:08 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged				
	TITLE	FIRST	MI																
	Gerald																		
NICKNAME	LAST	SUFFIX																	
	Daugherty																		
<table style="width: 100%;"> <tr> <td style="width: 30%;">ADDRESS / PO BOX;</td> <td style="width: 10%;">APT / SUITE #;</td> <td style="width: 10%;">CITY;</td> <td style="width: 10%;">STATE;</td> <td style="width: 40%;">ZIP CODE</td> </tr> <tr> <td colspan="5">1403 Club Ridge Cove</td> </tr> <tr> <td colspan="5">Austin TX 78735</td> </tr> </table> <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1403 Club Ridge Cove					Austin TX 78735							
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE															
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Austin TX 78735																			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width: 100%;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;">FIRST</td> <td style="width: 30%;">MI</td> </tr> <tr> <td></td> <td>Hector</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>DeLeon</td> <td></td> </tr> </table>		TITLE	FIRST	MI		Hector		NICKNAME	LAST	SUFFIX		DeLeon						
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	Hector																		
NICKNAME	LAST	SUFFIX																	
	DeLeon																		
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 10%;">APT / SUITE #;</td> <td style="width: 10%;">CITY;</td> <td style="width: 10%;">STATE;</td> <td style="width: 40%;">ZIP CODE</td> </tr> <tr> <td colspan="5">221 W. 6th St, Suite 1050</td> </tr> <tr> <td colspan="5">Austin TX 78701</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	221 W. 6th St, Suite 1050					Austin TX 78701						
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221 W. 6th St, Suite 1050																			
Austin TX 78701																			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width: 100%;"> <tr> <td style="width: 30%;">AREA CODE</td> <td style="width: 30%;">PHONE NUMBER</td> <td style="width: 40%;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>478-5308</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(512)	478-5308												
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7 CAMPAIGN TREASURER PHONE	<table style="width: 100%;"> <tr> <td style="width: 30%;">January 15</td> <td style="width: 30%;">30th day before election</td> <td style="width: 30%;">Runoff</td> <td style="width: 10%;">15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>July 15</td> <td>8th day before election</td> <td>Exceeded \$500 limit</td> <td>Final report (Attach C/OH - FR)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	July 15	8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	Month	Day	Year	THROUGH	Month	Day	Year												
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9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td style="width: 70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td colspan="2">11/05/2002</td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	11/05/2002												
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11 OFFICE	<p>... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...</p>																		
	<table style="width: 100%;"> <tr> <td style="width: 100%;">Name</td> </tr> <tr> <td>Address/PO Box; Apt. / Suite #; City; State; Zip Code</td> </tr> </table>		Name	Address/PO Box; Apt. / Suite #; City; State; Zip Code															
Name																			
Address/PO Box; Apt. / Suite #; City; State; Zip Code																			
12 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>GO TO PAGE 2</p>																		
	<p>(Effective 12/16/1999)</p>																		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Gerald Daugherty

15 ACCOUNT # (Ethics Commission filers)
00000000

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 575.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 37785.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 565.43

4. TOTAL POLITICAL EXPENDITURES

\$ 53139.57

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 50,000.00
~~0.00~~

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 3/49	
2 FILER NAME Gerald Daugherty				3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 08/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) A. R. W. C. PAC Fund 6 Contributor address; City; State; Zip Code 1907 Big Canyon Dr Austin TX 78746-7206		7 Amount of contribution (\$) 3000.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Charles J. Aiken Contributor address; City; State; Zip Code 4200 Deer Trl Spicewood TX 78669-6491		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. and Mrs. C. Collins Anderson Contributor address; City; State; Zip Code 2222 Winding Vw San Antonio TX 78258-7240		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Charles C. Anderson Jr. Contributor address; City; State; Zip Code 1818 Cascade Ct Sugar Land TX 77479-6372		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date 07/21/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Scott Arbuckle Contributor address; City; State; Zip Code 107 Cedar Creek Cir Cedar Creek TX 78612-3144		Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 4/49	
2 FILER NAME Gerald Daugherty				3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 08/12/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Associated General Contractors of Texas PAC 6 Contributor address; City; State; Zip Code PO Box 2185 Austin TX 78768-2185		7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Cynthia J. Barto Contributor address; City; State; Zip Code 5216 Scottish Thistle Dr Austin TX 78739-1472		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Matthew J. Booth Contributor address; City; State; Zip Code 3410 Cherry Ln Austin TX 78703-2610		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James Bradley Contributor address; City; State; Zip Code PO Box 1301 Austin TX 78767-1301		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date 08/12/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Brian E. Brown Contributor address; City; State; Zip Code 2005 Big Canyon Dr Austin TX 78746-7208		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 5/49	
2 FILER NAME Gerald Daugherty				3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/24/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Richard D. Brown		7 Amount of contribution (\$) 1000.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1108 Lavaca St Ste 400 Austin TX 78701-2125					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rubye L. Bru		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2304 Trailside Dr # A Austin TX 78704-1950					
Principal occupation (Optional)			Employer (Optional)		
Date 07/29/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rick Burciaga		Amount of contribution (\$) 200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6806 Rockledge Cv Austin TX 78731-2920					
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Don Cadden		Amount of contribution (\$) 100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12009 W Highway 290 Austin TX 78737-2829					
Principal occupation (Optional)			Employer (Optional)		
Date 09/16/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Centex PAC		Amount of contribution (\$) 500.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8140 N Mo Pac Expy,Bldg.4,Suite 150B Austin TX 78759-8837					
Principal occupation (Optional)			Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this report:
6/49

2 FILER NAME
Gerald Daugherty

3 ACCOUNT # (Ethics Commission files)
00000000

4 Date
09/26/2002

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. And Mrs. Craig L Clark

6 Contributor address; City; State; Zip Code
600 Westbrook Dr
Austin TX 78746-5442

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
09/26/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Stephen T. Clark

Contributor address; City; State; Zip Code
100 Congress Ave Ste 1590
Austin TX 78701-2764

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
09/26/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. And Mrs. Rick Coneway

Contributor address; City; State; Zip Code
6402 Weatherwood Cv
Austin TX 78746-7148

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
09/26/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr Derel M Conley

Contributor address; City; State; Zip Code
5501 W Highway 290
Austin TX 78735-8803

Amount of contribution (\$)
150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
09/24/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. C. Lee Cooke

Contributor address; City; State; Zip Code
PO Box 50442
Austin TX 78763-0442

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 7/49	
2 FILER NAME Gerald Daugherty				3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 09/24/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William Cromwell III		7 Amount of contribution (\$) 100.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4015 Walnut Clay Dr Austin TX 78731-3934					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Carl Daywood		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Sabine St., Suite 200 Austin TX 78701					
Principal occupation (Optional)			Employer (Optional)		
Date 08/12/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Gregory F. Dewinne		Amount of contribution (\$) 100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5106 Prairie Dunes Dr Austin TX 78747-1472					
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. James Dodson		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5224 Moon Shadow Dr Austin TX 78735-6015					
Principal occupation (Optional)			Employer (Optional)		
Date 09/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Stephen O. Drenner		Amount of contribution (\$) 200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4204 Hampsted Ct Austin TX 78746-1930					
Principal occupation (Optional)			Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Kenny Dryden 6 Contributor address; City; State; Zip Code 3303 Northland Dr Ste 212 Austin TX 78731-4955	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. William Dunham Contributor address; City; State; Zip Code 5017 Green Shore Cir Lago Vista TX 78645-6043	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Karen Easterling Contributor address; City; State; Zip Code 2711 W Anderson Ln Ste 201 Austin TX 78757-1121	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Royce Faulkner Contributor address; City; State; Zip Code PO Box 722 Austin TX 78767-0722	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Leo M. Favrot Contributor address; City; State; Zip Code 7700 Sandia Loop Austin TX 78735-1517	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report:
9/49

2 FILER NAME
Gerald Daugherty

3 ACCOUNT # (Ethics Commission files)
00000000

4 Date 09/26/2002

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Douglas E Fike

6 Contributor address; City; State; Zip Code
3709 Meredith St
Austin TX 78703-2020

7 Amount of contribution (\$) 250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date 08/12/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Ernest C. and Debbie G. Garcia

Contributor address; City; State; Zip Code
5204 Kite Tail Dr
Austin TX 78730-1419

Amount of contribution (\$) 150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 09/26/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Emory Garth

Contributor address; City; State; Zip Code
1111 W 12th St Apt 108
Austin TX 78703-4157

Amount of contribution (\$) 250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 09/05/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
J. B. Goodwin

Contributor address; City; State; Zip Code
3933 Steck Ave Ste B101
Austin TX 78759-8670

Amount of contribution (\$) 500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 09/05/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Ron Habitzreiter

Contributor address; City; State; Zip Code
1208 West Ave
Austin TX 78701-1714

Amount of contribution (\$) 1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Gerald Daugherty				3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 09/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. J. C. Hagar		7 Amount of contribution (\$) 250.00		8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 2615 W 49th St Austin TX 78731-5636			
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 07/21/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Half Associates State P.A.C.		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 8616 NW Plaza Dr Dallas TX 75225-4211			
Principal occupation (Optional)			Employer (Optional)		
Date 07/21/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. Lewis H. Hanks DVM		Amount of contribution (\$) 500.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 709 W Lynn St Austin TX 78703-4743			
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. Lewis H. Hanks DVM		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 709 W Lynn St Austin TX 78703-4743			
Principal occupation (Optional)			Employer (Optional)		
Date 08/12/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David A. Hartman		Amount of contribution (\$) 100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 1135 Barton Hills Dr Apt 308 Austin TX 78704-1973			
Principal occupation (Optional)			Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date 09/24/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David Hartman		7 Amount of contribution (\$) 1000.00		8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 10711 Burnet Rd Ste 330 Austin TX 78758-4465			
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/24/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Douglas Hartman		Amount of contribution (\$) 1000.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 10711 Burnet Rd Ste 330 Austin TX 78758-4465			
Principal occupation (Optional)			Employer (Optional)		
Date 09/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Ronald L. Hillhouse		Amount of contribution (\$) 500.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 4004 Enclave Mesa Cir Austin TX 78731-2142			
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Ronald L. Hillhouse		Amount of contribution (\$) 100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 4004 Enclave Mesa Cir Austin TX 78731-2142			
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Diana M. Holford		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 2716 Regents Park Austin, TX 78746			
Principal occupation (Optional)			Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 12/49	
2 FILER NAME Gerald Daugherty				3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 08/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Homepac of Texas, Inc.		7 Amount of contribution (\$) 500.00		8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 510 W 15th St Austin TX 78701-1512			
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Becky Stento Hopkins		Amount of contribution (\$) 150.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 1342 Lost Creek Blvd Austin TX 78746-6332			
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Phil Howry		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 5450 Bee Caves Rd Ste 3c Austin TX 78746-5251			
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leonard E. Huber		Amount of contribution (\$) 500.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 23020 Pedernales Canyon Trl Spicewood TX 78669-6431			
Principal occupation (Optional)			Employer (Optional)		
Date 07/29/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kristofer Kasper		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 701 Limon Ln Austin TX 78704-6247			
Principal occupation (Optional)			Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 13/49	
2 FILER NAME Gerald Daugherty				3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 09/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Joel B. Katz		7 Amount of contribution (\$) 500.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11107 Aldenburgh Ct Austin TX 78737-3504					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark A. Kiester		Amount of contribution (\$) 150.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1193 Meadowild Dr Round Rock TX 78664-9330					
Principal occupation (Optional)			Employer (Optional)		
Date 09/24/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. and Mrs. George Kozmetsky		Amount of contribution (\$) 100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 2253 Austin TX 78768-2253					
Principal occupation (Optional)			Employer (Optional)		
Date 07/21/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David Kruger		Amount of contribution (\$) 200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1887 Austin TX 78767-1887					
Principal occupation (Optional)			Employer (Optional)		
Date 09/16/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Don R. Kuykendall		Amount of contribution (\$) 100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1403 Wathen Ave Austin TX 78703-2527					
Principal occupation (Optional)			Employer (Optional)		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 14/49	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Dean LaBonte 6 Contributor address; City; State; Zip Code 308 Towhee Dr Buda TX 78610-2649	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 07/21/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lake Travis Republican PAC Contributor address; City; State; Zip Code PO Box 340033 Austin TX 78734-0001	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Vincent A. Lambiase Contributor address; City; State; Zip Code 4301 Churchill Downs Dr Austin TX 78746-1104	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 07/29/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linebarger Goggan Blair Pena & Sampson, LLP Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760-7428	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 08/12/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linebarger Goggan Blair Pena & Sampson, LLP Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760-7428	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 15/49	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 07/29/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sue Brooks Littlefield 6 Contributor address; City; State; Zip Code 204 Westhaven Dr Austin TX 78746-4443	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sue Brooks Littlefield Contributor address; City; State; Zip Code 204 Westhaven Dr Austin TX 78746-4443	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/16/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Steven R. Lynch Contributor address; City; State; Zip Code 605 Deer Lake Rd Wimberley TX 78676-5944	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Bill Martin Contributor address; City; State; Zip Code 2305 Barton Creek Blvd Unit 13 Austin TX 78735-1650	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/16/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Doug Maund Contributor address; City; State; Zip Code PO Box 1608 Austin TX 78767-1608	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 16/49	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James M. Maund 6 Contributor address; City; State; Zip Code 1500 S Congress Ave Austin TX 78704-2437	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Charles M. McLemore Contributor address; City; State; Zip Code PO Box 1209 Cedar Park TX 78630-1209	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Charles M. McLemore Contributor address; City; State; Zip Code PO Box 1209 Cedar Park TX 78630-1209	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Robert F. McQuade Contributor address; City; State; Zip Code 2953 Sussex Gardens Ln Austin TX 78748-2031	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marshall E. Meece Contributor address; City; State; Zip Code 5315 Musket Rdg Austin TX 78759-6221	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 17/49	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 09/05/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Steven C. Metcalfe 6 Contributor address; City; State; Zip Code 4312 Rio Robles Dr Austin TX 78746-1993	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 08/12/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lorri Michel Contributor address; City; State; Zip Code 5338 Painted Shield Dr Austin TX 78735-6032	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Meriman Morton Contributor address; City; State; Zip Code 16 Champions Ln San Antonio TX 78257-1291	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John H. Nash III Contributor address; City; State; Zip Code 5818 Trailridge Dr Austin TX 78731-4229	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/24/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Wesley Newmeyer, Jr. Contributor address; City; State; Zip Code PO Box 162666 Austin TX 78716-2666	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this report: 18/49	
2 FILER NAME Gerald Daugherty			3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Lisa Payne 6 Contributor address; City; State; Zip Code 300 Crockett St Apt 119 Austin TX 78704-5104		7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark Pietrantone Contributor address; City; State; Zip Code 6133 Jumando Lane Austin TX 78744		Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/16/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) W. A. Prewitt III Contributor address; City; State; Zip Code 1708 Club Cir Salado TX 76571-5443		Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 07/21/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RECA - Good Government PAC Contributor address; City; State; Zip Code 98 San Jacinto Blvd Ste 180 Austin TX 78701-4280		Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 08/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Republican Party of Texas Contributor address; City; State; Zip Code 211 E 7th St Ste 620 Austin TX 78701-3295		Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this report: 19/49	
2 FILER NAME Gerald Daugherty			3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 09/24/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ronald H. Reynolds 6 Contributor address; City; State; Zip Code 6605 Woodcrest Dr Austin TX 78759-3827		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rick Robichaux Contributor address; City; State; Zip Code 22947 Pedernales Canyon Trl Spicewood TX 78669-6431		Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Robinson & Sharon Schweitzer Contributor address; City; State; Zip Code 5003 Cedro Trl Austin TX 78731-2675		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Coach Darrell K Royal Contributor address; City; State; Zip Code 1505 Mesa Ridge Ln Austin TX 78735-1641		Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/16/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Harry Savio Contributor address; City; State; Zip Code 4300 Kilgore Ln Austin TX 78727-5950		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this report: 20/49	
2 FILER NAME Gerald Daugherty			3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 09/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Melvin H. Shelton 6 Contributor address; City; State; Zip Code 5220 Crooked Oak Cv Austin TX 78749-2248		7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
Date 09/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Mark Shields Contributor address; City; State; Zip Code 702 Westbrook Dr Austin TX 78746-5400		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Jerry Shiever Contributor address; City; State; Zip Code 506 W 12th St Ste B Austin TX 78701-1819		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ted Stewart Contributor address; City; State; Zip Code 26800 Hamilton Pool Rd Marble Falls TX 78654-8442		Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Jurgen Stielow Contributor address; City; State; Zip Code 609 Castle Ridge Rd Ste 205 Austin TX 78746-5126		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this report: 21/49	
2 FILER NAME Gerald Daugherty			3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Charles S. Teeple IV 6 Contributor address; City; State; Zip Code 24732 Travis Lakeside Cv Spicewood TX 78669-1442		7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
Date 09/24/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Carole Thompson Contributor address; City; State; Zip Code 4301 Cat Mountain Dr Austin TX 78731-3706		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/24/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wm. K. Thomson, D.D.S. Contributor address; City; State; Zip Code 1010 Mo Pac Cir Ste 100 Austin TX 78746-6809		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/24/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Nicki T. Tyler Contributor address; City; State; Zip Code 1705 Bay Hill Dr Austin TX 78746-6249		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 08/19/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Michael T. Vallandingham Contributor address; City; State; Zip Code 10101 Silver Mountain Dr Austin TX 78737-3132		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this report: 22/49	
2 FILER NAME Gerald Daugherty			3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Virgil Waggoner 6 Contributor address; City; State; Zip Code 1758 Camp Craft Rd Austin TX 78746-7317		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Clyde and Janet Walls Contributor address; City; State; Zip Code 2203 Onion Creek Blvd. Austin TX 78747		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 07/29/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brandon Ware Contributor address; City; State; Zip Code 10237 Snapdragon Dr Austin TX 78739-1440		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Samuel M. Watson Contributor address; City; State; Zip Code 12052 Tulare Dr Austin TX 78738-5428		Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 07/21/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Gial M. Whitfield Contributor address; City; State; Zip Code 1520 Ben Crenshaw Way Apt 221 Austin TX 78746-6169		Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 23/49	
2 FILER NAME Gerald Daugherty				3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William C. Wilson		7 Amount of contribution (\$) 250.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 191 Campfire Cir Fredericksburg TX 78624-6616					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 07/21/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Winstead Sechrest & Minick PAC		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5400 Renaissance Tower Dallas TX 75270-2103					
Principal occupation (Optional)			Employer (Optional)		
Date 09/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David A. Wolff		Amount of contribution (\$) 200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2204 Plumbrook Dr Austin TX 78746-6233					
Principal occupation (Optional)			Employer (Optional)		
Date 07/21/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Michael A. Wren		Amount of contribution (\$) 150.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15101 Crosscreek Austin TX 78737-8909					
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Virgil Yarbrough & Mrs. Carol Arnold		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11101 Bonham Ranch Rd Dripping Springs TX 78620-5025					
Principal occupation (Optional)			Employer (Optional)		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
24/49**2 FILER NAME**

Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)
00000000**4 Date**

08/24/2002

5 Payee name

Black Diamond Enterprises

7 Amount(\$)
2500.00**6 Payee address; City; State; Zip Code**

7807 Doncaster Dr

Austin TX 78745-5981

8 Purpose of expenditure (See instructions regarding type of information required.)

Signs

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/07/2002

Payee name

Broken Spoke

Amount(\$)
1000.00**Payee address; City; State; Zip Code**

3201 S Lamar Blvd

Austin TX 78704-5805

Purpose of expenditure (See instructions regarding type of information required.)

Fundraiser Rental

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

07/01/2002

Payee name

Canyon Caf  

Amount(\$)
33.00**Payee address; City; State; Zip Code**

701 S. Capital of Tx Hwy

Austin TX 78746

Purpose of expenditure (See instructions regarding type of information required.)

Lunch Meeting

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

07/02/2002

Payee name

Canyon Caf  

Amount(\$)
76.00**Payee address; City; State; Zip Code**

701 S. Capital of Tx Hwy

Austin TX 78746

Purpose of expenditure (See instructions regarding type of information required.)

Lunch Meeting

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
25/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission files)
00000000**4** Date
07/07/2002**5** Payee name
Canyon CafÃ©**7** Amount
(\$)
64.00**6** Payee address; City; State; Zip Code
701 S. Capital of Tx Hwy
Austin TX 78746**8** Purpose of expenditure (See instructions regarding type of information required.)
Meeting**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/26/2002Payee name
Canyon CafÃ©Amount
(\$)
60.00Payee address; City; State; Zip Code
701 S. Capital of Tx Hwy
Austin TX 78746Purpose of expenditure (See instructions regarding type of information required.)
Campaign MeetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
09/04/2002Payee name
Canyon CafÃ©Amount
(\$)
28.00Payee address; City; State; Zip Code
701 S. Capital of Tx Hwy
Austin TX 78746Purpose of expenditure (See instructions regarding type of information required.)
Lunch MeetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
09/09/2002Payee name
Canyon CafÃ©Amount
(\$)
19.15Payee address; City; State; Zip Code
701 S. Capital of Tx Hwy
Austin TX 78746Purpose of expenditure (See instructions regarding type of information required.)
Lunch MeetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
26/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
09/10/2002**5** Payee name

Canyon Caf  

7 Amount

(\$)

34.00

6 Payee address; City; State; Zip Code

701 S. Capital of Tx Hwy

Austin TX 78746

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign Meeting**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

09/18/2002

Payee name

Canyon Caf  

Amount

(\$)

111.00

Payee address; City; State; Zip Code

701 S. Capital of Tx Hwy

Austin TX 78746

Purpose of expenditure (See instructions regarding type of information required.)
Dinner MeetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

09/26/2002

Payee name

Canyon Caf  

Amount

(\$)

60.00

Payee address; City; State; Zip Code

701 S. Capital of Tx Hwy

Austin TX 78746

Purpose of expenditure (See instructions regarding type of information required.)
Lunch MeetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

08/15/2002

Payee name

Barbara Cilley

Amount

(\$)

1000.00

Payee address; City; State; Zip Code

1417 Travis Heights Blvd.

Austin TX 78704

Purpose of expenditure (See instructions regarding type of information required.)
Consulting/ResearchComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
27/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
07/01/2002**5** Payee name

Mistie Davis

7 Amount

(\$)

2250.00

6 Payee address; City; State; Zip Code

6201 Colina Lane

Austin TX 78759

8 Purpose of expenditure (See instructions regarding type of information required.)

Campaign Manager

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

07/15/2002

Payee name

Mistie Davis

Amount

(\$)

1750.00

Payee address; City; State; Zip Code

6201 Colina Lane

Austin TX 78759

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Manager

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

08/01/2002

Payee name

Mistie Davis

Amount

(\$)

2000.00

Payee address; City; State; Zip Code

6201 Colina Lane

Austin TX 78759

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Management

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

08/26/2002

Payee name

Mistie Davis

Amount

(\$)

2000.00

Payee address; City; State; Zip Code

6201 Colina Lane

Austin TX 78759

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Management

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
28/49

2 FILER NAME
Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date 09/01/2002	5 Payee name Mistie Davis	7 Amount (\$) 2000.00
6 Payee address; City; State; Zip Code 6201 Colina Lane Austin TX 78759		

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign Management

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 09/19/2002	Payee name Mistie Davis	Amount (\$) 2000.00
Payee address; City; State; Zip Code 6201 Colina Lane Austin TX 78759		

Purpose of expenditure (See instructions regarding type of information required.)
Campaign Management

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 07/08/2002	Payee name Drive-Thru Postal	Amount (\$) 42.00
Payee address; City; State; Zip Code 1712 E Riverside Dr Austin TX 78741-1320		

Purpose of expenditure (See instructions regarding type of information required.)
Postage

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 09/18/2002	Payee name Drive-Thru Postal	Amount (\$) 48.00
Payee address; City; State; Zip Code 1712 E Riverside Dr Austin TX 78741-1320		

Purpose of expenditure (See instructions regarding type of information required.)
Postage

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
29/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000

4 Date 07/09/2002	5 Payee name Einstein Bros. Bagels	7 Amount (\$) 52.43
6 Payee address; City; State; Zip Code 3010 W. Anderson Ln. Austin TX 78757		

8 Purpose of expenditure (See instructions regarding type of information required.)
Meeting Supplies**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 09/19/2002	Payee name Flowers by Nancy	Amount (\$) 61.97
Payee address; City; State; Zip Code 6701 W Highway 290 Austin TX 78735-8403		

Purpose of expenditure (See instructions regarding type of information required.)
FlowersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 07/11/2002	Payee name GD Concessions, Inc.	Amount (\$) 1000.00
Payee address; City; State; Zip Code 1109 S. Pleasant Valley Rd. Austin TX 78741		

Purpose of expenditure (See instructions regarding type of information required.)
RentComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 07/10/2002	Payee name Shelton Green	Amount (\$) 400.00
Payee address; City; State; Zip Code 502 Powell Cir Austin TX 78704-6342		

Purpose of expenditure (See instructions regarding type of information required.)
Campaign ManagementComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
30/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
08/07/2002**5** Payee name
Shelton Green**7** Amount
(\$)
500.00**6** Payee address; City; State; Zip Code
502 Powell Cir
Austin TX 78704-6342**8** Purpose of expenditure (See instructions regarding type of information required.)
Campaign Management**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
09/09/2002**Payee name**
Shelton Green**Amount**
(\$)
500.00**Payee address; City; State; Zip Code**
502 Powell Cir
Austin TX 78704-6342**Purpose of expenditure (See instructions regarding type of information required.)**
Campaign Management**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
09/05/2002**Payee name**
Hill Country Printing**Amount**
(\$)
162.38**Payee address; City; State; Zip Code**
2407 S Congress Ave
Austin TX 78704-5505**Purpose of expenditure (See instructions regarding type of information required.)**
Printing**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
09/06/2002**Payee name**
Hill Country Printing**Amount**
(\$)
1077.64**Payee address; City; State; Zip Code**
2407 S Congress Ave
Austin TX 78704-5505**Purpose of expenditure (See instructions regarding type of information required.)**
Printing**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
31/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
09/06/2002**5** Payee name
Hill Country Printing**7** Amount
(\$)
550.45**6** Payee address; City; State; Zip Code
2407 S Congress Ave
Austin TX 78704-5505**8** Purpose of expenditure (See instructions regarding type of information required.)
Printing**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
07/11/2002**Payee name**
Hill's Services**Amount**
(\$)
97.37**Payee address; City; State; Zip Code**
PO Box 144451
Austin TX 78714-4451**Purpose of expenditure (See instructions regarding type of information required.)**
Computer Services**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
09/26/2002**Payee name**
Home Depot #520**Amount**
(\$)
53.76**Payee address; City; State; Zip Code**
10107 Research Blvd.
Austin TX 78759**Purpose of expenditure (See instructions regarding type of information required.)**
Supplies**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
07/15/2002**Payee name**
Home Depot #6542**Amount**
(\$)
10.79**Payee address; City; State; Zip Code**
3600 S IH 35
Austin TX 78704-7419**Purpose of expenditure (See instructions regarding type of information required.)**
Supplies**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 32/49	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	

4 Date 08/18/2002	5 Payee name Home Depot #6542 <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 3600 S IH 35 Austin TX 78704-7419	7 Amount (\$) 27.00
8 Purpose of expenditure (See instructions regarding type of information required.) Supplies		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 08/24/2002	Payee name Home Depot #6542 <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 3600 S IH 35 Austin TX 78704-7419	Amount (\$) 127.30
Purpose of expenditure (See instructions regarding type of information required.) Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 09/03/2002	Payee name Home Depot #6542 <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 3600 S IH 35 Austin TX 78704-7419	Amount (\$) 17.68
Purpose of expenditure (See instructions regarding type of information required.) Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 09/03/2002	Payee name Home Depot #6542 <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 3600 S IH 35 Austin TX 78704-7419	Amount (\$) 63.87
Purpose of expenditure (See instructions regarding type of information required.) Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
33/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
09/14/2002**5** Payee name

Home Depot #6542

7 Amount

(\$)

21.22

6 Payee address; City; State; Zip Code

3600 S IH 35

Austin TX 78704-7419

8 Purpose of expenditure (See instructions regarding type of information required.)
Supplies**9** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/15/2002

Payee name

Home Depot #6542

Amount

(\$)

72.74

Payee address; City; State; Zip Code

3600 S IH 35

Austin TX 78704-7419

Purpose of expenditure (See instructions regarding type of information required.)
Supplies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/25/2002

Payee name

Home Depot #6542

Amount

(\$)

97.36

Payee address; City; State; Zip Code

3600 S IH 35

Austin TX 78704-7419

Purpose of expenditure (See instructions regarding type of information required.)
Supplies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

08/10/2002

Payee name

IHOP

Amount

(\$)

10.71

Payee address; City; State; Zip Code

11654 Research Blvd

Austin TX 78759-4033

Purpose of expenditure (See instructions regarding type of information required.)
Breakfast Meeting

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
34/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
08/27/2002**5** Payee name
IHOP**7** Amount
(\$)
47.03**6** Payee address; City; State; Zip Code
11654 Research Blvd
Austin TX 78759-4033**8** Purpose of expenditure (See instructions regarding type of information required.)
Breakfast Meeting**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
07/23/2002Payee name
Jim InnisAmount
(\$)
100.00Payee address; City; State; Zip Code
P. O. Box 162124
Austin TX 78716Purpose of expenditure (See instructions regarding type of information required.)
PhotographyComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/25/2002Payee name
John Materick MagicAmount
(\$)
194.00Payee address; City; State; Zip Code
1725 Toomey Rd Apt 207
Austin TX 78704-1003Purpose of expenditure (See instructions regarding type of information required.)
MajicComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/15/2002Payee name
KC StrategiesAmount
(\$)
3685.91Payee address; City; State; Zip Code
P. O. Box 40285
Austin TX 78704Purpose of expenditure (See instructions regarding type of information required.)
PrintingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
35/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
09/19/2002**5** Payee name

KC Strategies

7 Amount
(\$)
2399.90**6** Payee address; City; State; Zip Code

P. O. Box 40285

Austin TX 78704

8 Purpose of expenditure (See instructions regarding type of information required.)
Printing**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
09/25/2002

Payee name

KC Strategies

Amount
(\$)
14829.41

Payee address; City; State; Zip Code

P. O. Box 40285

Austin TX 78704

Purpose of expenditure (See instructions regarding type of information required.)
PrintingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
07/08/2002

Payee name

Kinko's

Amount
(\$)
17.67

Payee address; City; State; Zip Code

9222 Burnet Rd., Ste 101

Austin TX 78756

Purpose of expenditure (See instructions regarding type of information required.)
CopiesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
07/23/2002

Payee name

Kinko's

Amount
(\$)
4.50

Payee address; City; State; Zip Code

9222 Burnet Rd., Ste 101

Austin TX 78756

Purpose of expenditure (See instructions regarding type of information required.)
CopiesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
36/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
09/14/2002**5** Payee name

Kinko's

7 Amount
(\$)
7.93**6** Payee address; City; State; Zip Code

9222 Burnet Rd., Ste 101

Austin TX 78756

8 Purpose of expenditure (See instructions regarding type of information required.)
Copies**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

09/26/2002

Payee name

Kinko's

Amount
(\$)
30.15

Payee address; City; State; Zip Code

9222 Burnet Rd., Ste 101

Austin TX 78756

Purpose of expenditure (See instructions regarding type of information required.)
CopiesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

09/26/2002

Payee name

Kinko's

Amount
(\$)
12.56

Payee address; City; State; Zip Code

9222 Burnet Rd., Ste 101

Austin TX 78756

Purpose of expenditure (See instructions regarding type of information required.)
CopiesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

07/20/2002

Payee name

LTRPAC

Amount
(\$)
275.00

Payee address; City; State; Zip Code

PO Box 340033

Austin TX 78734-0001

Purpose of expenditure (See instructions regarding type of information required.)
Charity SponsorshipComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
37/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000

4 Date 08/16/2002	5 Payee name Lago Vista Chamber of Commerce	7 Amount (\$) 100.00
6 Payee address; City; State; Zip Code 8040 Bark Ranch Rd. Lago Vista, TX 78645		

8 Purpose of expenditure (See instructions regarding type of information required.)
Dues**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 08/10/2002	Payee name McCoy's	Amount (\$) 508.50
Payee address; City; State; Zip Code 6200 Burleson Rd. Austin TX 78744		

Purpose of expenditure (See instructions regarding type of information required.)
SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 08/12/2002	Payee name McPhail's Florist	Amount (\$) 102.84
Payee address; City; State; Zip Code 605 Barton Springs Rd Austin TX 78704-1144		

Purpose of expenditure (See instructions regarding type of information required.)
FlowersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 07/03/2002	Payee name Metropolitan Breakfast Club	Amount (\$) 15.00
Payee address; City; State; Zip Code P. O. Box 2532 Austin TX 78768		

Purpose of expenditure (See instructions regarding type of information required.)
Breakfast MeetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
38/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
07/14/2002**5** Payee name
Metropolitan Breakfast Club**6** Payee address; City; State; Zip Code
P. O. Box 2532
Austin TX 78768**7** Amount
(\$)
15.00**8** Purpose of expenditure (See instructions regarding type of
information required.)
Breakfast Meeting**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
08/21/2002**Payee name**
Metropolitan Breakfast Club**Payee address; City; State; Zip Code**
P. O. Box 2532
Austin TX 78768**Amount**
(\$)
100.00**Purpose of expenditure (See instructions regarding type of
information required.)**
Dues**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
08/21/2002**Payee name**
Metropolitan Breakfast Club**Payee address; City; State; Zip Code**
P. O. Box 2532
Austin TX 78768**Amount**
(\$)
13.00**Purpose of expenditure (See instructions regarding type of
information required.)**
Breakfast Meeting**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
09/11/2002**Payee name**
Metropolitan Breakfast Club**Payee address; City; State; Zip Code**
P. O. Box 2532
Austin TX 78768**Amount**
(\$)
15.00**Purpose of expenditure (See instructions regarding type of
information required.)**
Breakfast Meeting**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
39/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
08/11/2002**5** Payee name
John Morrison**7** Amount
(\$)
500.00**6** Payee address; City; State; Zip Code
1350 N. LBJ,#1437
Austin TX 78666**8** Purpose of expenditure (See instructions regarding type of information required.)
Contract Labor**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
09/11/2002**Payee name**
John Morrison**Amount**
(\$)
500.00**Payee address; City; State; Zip Code**
1350 N. LBJ,#1437
Austin TX 78666**Purpose of expenditure (See instructions regarding type of information required.)**
Contract Labor**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
08/26/2002**Payee name**
NFL Alumni Austin Chapter**Amount**
(\$)
500.00**Payee address; City; State; Zip Code**
17301 Whippoorwill Trl
Leander TX 78645-9734**Purpose of expenditure (See instructions regarding type of information required.)**
Fundraiser Sponsorship**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
08/24/2002**Payee name**
Nancy Fly & Assoc.**Amount**
(\$)
1250.00**Payee address; City; State; Zip Code**
PO Box 90306
Austin TX 78709-0306**Purpose of expenditure (See instructions regarding type of information required.)**
Fundraiser Expenses**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
40/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
08/13/2002**5** Payee name
Office Depot**7** Amount
(\$)
35.71**6** Payee address; City; State; Zip Code
4501 W Braker Ln
Austin TX 78759-5327**8** Purpose of expenditure (See instructions regarding type of information required.)
Supplies**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
09/07/2002**Payee name**
Office Depot**Amount**
(\$)
48.10**Payee address; City; State; Zip Code**
4501 W Braker Ln
Austin TX 78759-5327**Purpose of expenditure (See instructions regarding type of information required.)**
Supplies**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
07/27/2002**Payee name**
Office Max #377**Amount**
(\$)
9.73**Payee address; City; State; Zip Code**
907 W 5th St
Austin TX 78703-5426**Purpose of expenditure (See instructions regarding type of information required.)**
Office Supplies**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
08/24/2002**Payee name**
Office Max #377**Amount**
(\$)
1.07**Payee address; City; State; Zip Code**
907 W 5th St
Austin TX 78703-5426**Purpose of expenditure (See instructions regarding type of information required.)**
Office Supplies**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 41/49
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000

4 Date 08/24/2002	5 Payee name Office Max #377 <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 907 W 5th St Austin TX 78703-5426	7 Amount (\$) 12.96
8 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		
9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

Date 08/25/2002	Payee name Office Max #377 <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 907 W 5th St Austin TX 78703-5426	Amount (\$) 5.41
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		
Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

Date 09/13/2002	Payee name Office Max #377 <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 907 W 5th St Austin TX 78703-5426	Amount (\$) 4.32
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		
Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

Date 09/24/2002	Payee name Office Max #377 <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 907 W 5th St Austin TX 78703-5426	Amount (\$) 24.62
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		
Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
42/49**2 FILER NAME**

Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)
00000000**4 Date**

09/07/2002

5 Payee name

Office Max #478

7 Amount

(\$)

275.26

6 Payee address; City; State; Zip Code

10001 Research Blvd Ste 300

Austin TX 78759-5800

8 Purpose of expenditure (See instructions regarding type of information required.)

Supplies

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/13/2002

Payee name

Office Max #478

Amount

(\$)

62.75

Payee address; City; State; Zip Code

10001 Research Blvd Ste 300

Austin TX 78759-5800

Purpose of expenditure (See instructions regarding type of information required.)

Supplies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/02/2002

Payee name

Pin Oak Awards Company

Amount

(\$)

215.02

Payee address; City; State; Zip Code

6114 W Highway 290

Austin TX 78735-8626

Purpose of expenditure (See instructions regarding type of information required.)

Supplies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

08/11/2002

Payee name

Pizza Hut

Amount

(\$)

60.00

Payee address; City; State; Zip Code

2021-B Riverside

Austin TX 78741

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Meeting

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
43/49**2 FILER NAME**

Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)
00000000**4 Date**

08/15/2002

5 Payee name

RECA

7 Amount(\$)
675.00**6 Payee address; City; State; Zip Code**

98 San Jacinto Blvd.

Austin TX 78701

8 Purpose of expenditure (See instructions regarding type of information required.)

Sponsorship

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/16/2002

Payee name

Sam's Club

Amount(\$)
49.41**Payee address; City; State; Zip Code**

9700 N. Cap. Of Tx Hwy

Austin TX 78759

Purpose of expenditure (See instructions regarding type of information required.)

Supplies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/24/2002

Payee name

Sam's Club

Amount(\$)
136.72**Payee address; City; State; Zip Code**

9700 N. Cap. Of Tx Hwy

Austin TX 78759

Purpose of expenditure (See instructions regarding type of information required.)

Supplies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/26/2002

Payee name

Southwestern Bell

Amount(\$)
605.56**Payee address; City; State; Zip Code**

6300 Bridge Point Prkwy.

Austin TX 78730

Purpose of expenditure (See instructions regarding type of information required.)

Telephone expense

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
44/49**2 FILER NAME**

Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)
00000000**4** Date

07/10/2002

5 Payee name

The Filling Station

7 Amount

(\$)

101.00

6 Payee address; City; State; Zip Code

801 Barton Springs Rd

Austin TX 78704-1146

8 Purpose of expenditure (See instructions regarding type of information required.)

Marketing Meeting

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

07/22/2002

Payee name

The Filling Station

Amount

(\$)

15.32

Payee address; City; State; Zip Code

801 Barton Springs Rd

Austin TX 78704-1146

Purpose of expenditure (See instructions regarding type of information required.)

Lunch Meeting

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

07/27/2002

Payee name

The Filling Station

Amount

(\$)

21.13

Payee address; City; State; Zip Code

801 Barton Springs Rd

Austin TX 78704-1146

Purpose of expenditure (See instructions regarding type of information required.)

Lunch Meeting

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

08/21/2002

Payee name

The Filling Station

Amount

(\$)

21.00

Payee address; City; State; Zip Code

801 Barton Springs Rd

Austin TX 78704-1146

Purpose of expenditure (See instructions regarding type of information required.)

Lunch Meeting

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
45/49**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000

4 Date 09/25/2002	5 Payee name The Filling Station 6 Payee address; City; State; Zip Code 801 Barton Springs Rd Austin TX 78704-1146	7 Amount (\$) 16.18
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8 Purpose of expenditure (See instructions regarding type of information required.) Lunch Meeting	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 09/26/2002	Payee name The Filling Station Payee address; City; State; Zip Code 801 Barton Springs Rd Austin TX 78704-1146	Amount (\$) 18.40
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Purpose of expenditure (See instructions regarding type of information required.) Lunch Meeting	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 09/17/2002	Payee name Thistle Caf�� Payee address; City; State; Zip Code 3801 Capital of Tx Hwy Austin TX 78746	Amount (\$) 51.15
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Purpose of expenditure (See instructions regarding type of information required.) Luncheon Meeting	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 07/29/2002	Payee name Time Warner Cable Payee address; City; State; Zip Code PO Box 1088 Austin TX 78767-8865	Amount (\$) 98.50
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Purpose of expenditure (See instructions regarding type of information required.) Utilities	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
46/49**2 FILER NAME**

Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)
00000000**4 Date**

08/02/2002

5 Payee name

Time Warner Cable

7 Amount

(\$)

44.95

6 Payee address; City; State; Zip Code

PO Box 1088

Austin TX 78767-8865

8 Purpose of expenditure (See instructions regarding type of information required.)

Utilities

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/02/2002

Payee name

Time Warner Cable

Amount

(\$)

29.95

Payee address; City; State; Zip Code

PO Box 1088

Austin TX 78767-8865

Purpose of expenditure (See instructions regarding type of information required.)

Utilities

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

07/31/2002

Payee name

Travis Co. Tax Assessor-Collector

Amount

(\$)

85.00

Payee address; City; State; Zip Code

1010 Lavaca St

Austin TX 78701-2331

Purpose of expenditure (See instructions regarding type of information required.)

Fees

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

08/06/2002

Payee name

Travis Co. Tax Assessor-Collector

Amount

(\$)

147.50

Payee address; City; State; Zip Code

1010 Lavaca St

Austin TX 78701-2331

Purpose of expenditure (See instructions regarding type of information required.)

Fees

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
47/49**2** FILER NAME

Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)
00000000**4** Date

08/19/2002

5 Payee name

Travis Graphics

7 Amount(\$)
300.00**6** Payee address; City; State; Zip Code

16109 Awalt

Austin TX 78734

8 Purpose of expenditure (See instructions regarding type of information required.)

Supplies

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/05/2002

Payee name

U.S. Postal Service - Balcones

Amount

(\$)
370.00

Payee address; City; State; Zip Code

Balcones Station

Austin TX 78759

Purpose of expenditure (See instructions regarding type of information required.)

Postage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/09/2002

Payee name

U.S. Postal Service - Balcones

Amount

(\$)
68.20

Payee address; City; State; Zip Code

Balcones Station

Austin TX 78759

Purpose of expenditure (See instructions regarding type of information required.)

Postage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/09/2002

Payee name

U.S. Postal Service - Balcones

Amount

(\$)
3.00

Payee address; City; State; Zip Code

Balcones Station

Austin TX 78759

Purpose of expenditure (See instructions regarding type of information required.)

Postage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 48/49
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000

4 Date 09/06/2002	5 Payee name WIB Communications <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 5604 S.W. Pkwy. #1414 Austin TX 78735	7 Amount (\$) 1500.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Consulting	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 07/29/2002	Payee name Wire Works <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 501 Live Oak Dr. Austin TX 78613	Amount (\$) 130.00
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Purpose of expenditure (See instructions regarding type of information required.) Phone Supplies	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 08/12/2002	Payee name Z'Tejas Grill <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 1110 W 6th St Austin TX 78703-5304	Amount (\$) 56.00
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Purpose of expenditure (See instructions regarding type of information required.) Lunch Meeting	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 08/22/2002	Payee name Z'Tejas Grill <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 1110 W 6th St Austin TX 78703-5304	Amount (\$) 36.00
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Purpose of expenditure (See instructions regarding type of information required.) Lunch Meeting	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
49/49**2 FILER NAME**

Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)
00000000**4 Date**

08/22/2002

5 Payee name

Z'Tejas Grill

7

Amount

(\$)

36.00

6 Payee address; City; State; Zip Code

1110 W 6th St

Austin TX 78703-5304

8 Purpose of expenditure (See instructions regarding type of information required.)

Lunch Meeting

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held